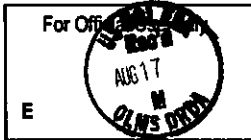


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>8883</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>Mark</b> <b>D</b> <b>Kramer</b>  P O Box, Bldg Room No if any  Street <b>N2216 Bodde Road</b>  City <b>Kaukauna</b>  State <b>Wisconsin</b> ZIP Code + 4 <b>54130-9740</b>	4 Name file number and address of labor organization Name <b>Northern WI Regional Council of Carpenters</b>  Labor Organization File Number <b>035-751</b>  P O Box, Building and Room Number if any  Street <b>N2216 Bodde Road</b>  City <b>Kaukauna</b>  State <b>Wisconsin</b> ZIP Code + 4 <b>54130-9740</b>
5 Position in labor organization <b>Director of Organizing</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction or Income        7 b Amount       

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u><b>Mark Kramer</b></u>	On <b>8-12-05</b> Date	<b>920-996-2309</b> Telephone Number

Name of Person Filing <b>Mark Kramer</b>	File Number <b>U-</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name <input style="width: 90%;" type="text" value="WI Carpenters Benefits Funds"/>  Trade Name if any: <input style="width: 90%;" type="text"/>  P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text" value="1704 Devney Drive"/>  City <input style="width: 90%;" type="text" value="Eau Claire"/>  State <input style="width: 20%;" type="text" value="Wisconsin"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="54702"/>	<b>9 Business deals with</b>  <input checked="" type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c. is checked give trust or employer's name</b>  Name <input style="width: 90%;" type="text"/>  Trade Name if any: <input style="width: 90%;" type="text"/>  P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Pension and Health Investment Committee Meeting          11/29/2004       </div>  <b>11 b Approximate dollar value of such dealing</b> <input style="width: 100px;" type="text" value="\$509"/>
	<b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; height: 100px;"></div>  <b>12 b Amount.</b> <input style="width: 100px;" type="text"/>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <input style="width: 90%;" type="text"/>  Trade Name if any: <input style="width: 90%;" type="text"/>  P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14 a Nature of payment.</b> <div style="border: 1px solid black; height: 150px;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <input style="width: 100px;" type="text"/>

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Maria Keamer  
8-12-05